Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID**_____

1. Reporting state

2. Reporting county

3. Social security number of the case being reported - -

4. Rash onset date of the case being reported / /

5. Smallpox case ID for the case being reported

6. Sequential case number

7. Date of first case interview (mm/dd/yyyy)

8. Date of follow-up case interview (mm/dd/yyyy)

9. Information provided by: □ Case □ Household member □ Other

If not case, Name:

Relationship

Telephone number(s)

10. Name of the person filing this case, Last First Initial

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID**_____

11. Patient name: Last First Middle

12. Status: 1□ Case 2 □ Non-case (if needed)

13. Date of birth: / /

14. Sex: 1□ Male 2 □ Female

15. Race: 1□ White 2 □ Black / African American 3□ Asian / Pacific Islander 4 □ Native American / Alaskan

Other, Specify

16. Ethnicity: 1□ Hispanic 2 □ Non-Hispanic

17. Home Address

City: State: Zip:

18. Telephone Home Cellular

19. Email

20. Do you work outside the home? 1□ Yes 2 □ No (If no, go to Question 25)

21. Occupation (for persons > 18 years):

22. Work location #1 company name

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID_____**

Address

City: State: Zip:

Telephone Fax

Contact name (e.g., supervisor) Telephone

23. Work location #2 company name □ Not applicable

Address

City: State: Zip:

Telephone Fax

Contact name (e.g., supervisor) Telephone:

24. Do you have more than one job? 1□ Yes 2 □ No

25. Do you attend school or an institution of higher learning? 1 □ Yes 2 □ No

Name of school / institution:

Street

City State Zip

School telephone Fax

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID_____**

Contact name (e.g., teacher) Telephone (if different from school)

---

26. Do you have a regular health care provider or a place for regular medical care? 1 □ Yes 2 □ No_

If yes, please name the provider or place

Street

City State Zip

Telephone / / Fax:

Case investigator should abstract the following information as much as possible from the medical chart.

Medical History

27. Pre-existing immunocompromising medical conditions, including leukemia, other cancers, HIV/AIDs?

1 □ Yes 2 □ No 9 □ Unknown

If so, please specify

---

28. For women of 15-44 years, pregnant? 1 □ Yes 2 □ No 9 □ Unknown

---

29. During the past month, any prescribed immunocompromising medications including steroids?

1 □ Yes 2 □ No 9 □ Unknown

If so, please name

Vaccination History

30. Smallpox vaccination prior to this outbreak? (*Note: routine childhood smallpox vaccination stopped in the United States in 1971 though health care workers were vaccinated until the late 1970s and military personal continued to be vaccinated until 1990?)*

1 □ Yes 2 □ No 9 □ Unknown

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID**_____

Vaccination record: 1 □ Yes 2 □ No 9 □ Unknown

Date of last vaccination: / /

31. Examine for smallpox scar on arms or legs (Note: this may be confused with BCG scar)

1 □ Yes 2 □ No 9 □ Unknown

32. Smallpox vaccination during this outbreak?

1 □ Yes 2 □ No 9 □ Unknown

Vaccination record documenting smallpox vaccination: 1 □ Yes 2 □ No 9 □ Unknown

Date of vaccination: / /

Current illness

33. Have you had fever as part of this illness? 1 □ Yes 2 □ No 9 □ Unknown

If yes, date of onset of fever / /

Did you measure your temperature with a thermometer? 1 □ Yes 2 □ No 9 □ Unknown

Maximum fever to date (F)

Date of maximum fever to date / /

34. Symptoms prior to rash onset: 1 □ Yes 2 □ No 9 □ Unknown

Headache 1 □ Yes 2 □ No 9 □ Unknown

Backache 1 □ Yes 2 □ No 9 □ Unknown

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID**_____

Chills 1 □ Yes 2 □ No 9 □ Unknown

Vomiting 1 □ Yes 2 □ No 9 □ Unknown

Others (e.g., diarrhea, fatigue, disorientation) specify:

35. Date of rash onset / /

36. Type of lesions on the date of 1st case interview

Papules: 1 □ Yes 2 □ No 3 □ Unknown Vesicles: 1 □ Yes 2 □ No 3 □ Unknown

Pustules: 1 □ Yes 2 □ No 3 □ Unknown Hemorrhagic: 1 □ Yes 2 □ No 3 □ Unknown

Scabs: 1 □ Yes 2 □ No 3 □ Unknown

37. Admitted to hospital? 1 □ Yes 2 □ No 3 □ Unknown

If yes, date of admission / / Medical record #

Hospital name Hospital telephone

Street

City State Zip

38. Transferred to 2nd hospital: 1 □ Yes 2 □ No 3 □ Unknown

If yes, date of transfer / / Reason for transfer

Hospital name Hospital phone

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID_____**

Clinical course and outcome

39. Rash (most severe stage): □ Discrete lesions □ Semi-confluent – face only □ Confluent –face and other site
□ Flat □ Hemorrhagic

Other, specify

Date last scab fell off / /

40. Date of last fever: / /

41. Shock: □ Yes □ No □ Unknown

42. Complications (check all that apply): □ Yes □ No □ Unknown

Skin secondary bacterial infection: □ Yes □ No □ Unknown

Ocular corneal ulcer or keratitis: □ Yes □ No □ Unknown

CNS encephalitis: □ Yes □ No □ Unknown

Respiratory: Bronchitis: □ Yes □ No □ Unknown Pneumonia: □ Yes □ No □ Unknown

Joint/bones: Arthralgia: □ Yes □ No □ Unknown Oseitis: □ Yes □ No □ Unknown

Hemorrhagic: □ Yes □ No □ Unknown

Other, specify

43. Therapy (check all that apply):

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID**_____

Respiratory support: Intubation: □ Yes □ No □ Unknown Supplemental oxygen: □ Yes □ No □ Unknown

Circulatory support: Pressors: □ Yes □ No □ Unknown

44. Antiviral medication: Cidofovir: □ Yes □ No □ Unknown

Renal complications following Cidofovir: □ Yes □ No □ Unknown

Other complication following Cidofovir, specify

Other antiviral, specify

45. Vaccinia Immune globulin (VIG): □ Yes □ No □ Unknown

If yes, date / /

46. Outcome: □ Survived □ Died

Date of hospital discharge / /

Complications at discharge: □ Yes □ No □ Unknown

If yes, specify

Date of death / /

Autopsy performed: □ Yes □ No □ Unknown

Date: / / Location of autopsy:

47. Rash (most severe stage): □ Discrete lesions □ Semi-confluent – face only □ Confluent –face and other site

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID_____**

☐ Flat ☐ Hemorrhagic

Other, specify

Date last scab fell off / /

48. Date of last fever: / /

49. Shock: ☐ Yes ☐ No ☐ Unknown

50. Complications (check all that apply): ☐ Yes ☐ No ☐ Unknown

Skin secondary bacterial infection: ☐ Yes ☐ No ☐ Unknown

Ocular corneal ulcer or keratitis: ☐ Yes ☐ No ☐ Unknown

CNS encephalitis: ☐ Yes ☐ No ☐ Unknown

Respiratory: Bronchitis: ☐ Yes ☐ No ☐ Unknown Pneumonia: ☐ Yes ☐ No ☐ Unknown

Joint/bones: Arthralgia: ☐ Yes ☐ No ☐ Unknown Oseitis: ☐ Yes ☐ No ☐ Unknown

Hemorrhagic: ☐ Yes ☐ No ☐ Unknown

Other, specify

51. Therapy (check all that apply): ☐ Yes ☐ No ☐ Unknown

Respiratory support: Intubation: ☐ Yes ☐ No ☐ Unknown Supplemental oxygen: ☐ Yes ☐ No ☐ Unknown

Smallpox Case Investigation

Form 1 -- Patient and Clinical Information **Case_ID**_____

Circulatory support: Pressors: □ Yes □ No □ Unknown

52. Antiviral medication: Cidofovir: □ Yes □ No □ Unknown

Renal complications following Cidofovir: □ Yes □ No □ Unknown

Other complication following Cidofovir, specify

Other antiviral, specify

53. Immune globulin (VIG): □ Yes □ No □ Unknown

Other, specify

54. Outcome: □ Survived □ Died

Date of hospital discharge / /

Complications at discharge: □ Yes □ No □ Unknown

If yes, specify

Date of death / /

Autopsy performed: □ Yes □ No □ Unknown

Date: / / Location of autopsy: